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REMOVAL OF SMALLPOX PATIENT.

COURT DECIDES THAT HEALTH OFFICER CAN NOT BE COMPELLED TO ACT WHEN NO FUNDS ARE AVAILABLE.

A resident of Sioux Falls, S. Dak., had in his home an employee who was suffering from smallpox. He requested the city health officer to remove the employee, but instead of complying the health officer quarantined the house. The resident ascertained that a city ordinance made it the duty of the health officer to remove to a hospital or some other safe and proper place all persons "sick with any infectious or pestilential disease," and he asked the court to compel the health officer to act in accordance with the requirements of the ordinance.

The evidence showed that no hospital had been erected and that no funds were available for the care of the patient. The court decided that the health officer could not be compelled to remove the patient.

The opinion of the Supreme Court of South Dakota in affirming the judgment appears in this issue of the Public Health Reports, page 649.

SALE AND USE OF COCAINE AND NARCOTICS.

By MARTIN I. WILBERT, Technical Assistant, Division of Pharmacology, Hygienic Laboratory, United States Public Health Service.

The enactment and accompanying enforcement of the Federal antinarcotic law bids fair to inaugurate a new era in antinarcotic-drug regulation in this country. The Federal law is primarily a revenue measure, designed to provide a record of the sale and distribution of the drugs included in its provisions, and was not, originally at least, designed to be, nor can it in its present form effectively serve as, a regulatory measure.

The far-reaching possibilities of this law have been thoroughly well recognized, however, and it has frequently been referred to as the

most comprehensive and most effective law yet devised for minimizing the narcotic-drug evil. The law is destined to mark an epoch in the history of antinarcotic legislation because of the fact that it provides a new and original method for controlling the manufacture, sale, and use of the proscribed drugs from the time they are imported till they reach the consumer and this record should make it possible to enforce the provisions of the regulatory measures now on the statute books of the several States. Being itself not a regulatory nor a police measure, the Federal law can not be expected to take the place of or to supplant the State regulatory laws designed to restrict the sale and use of the enumerated drugs. Legislators, recognizing the limitations of the Federal law, have during the past year endeavored to elaborate on the provisions of the Harrison law by the enactment of State laws which would serve to control some of the many features of drug abuse not touched on by the Federal law.

The appended tables, showing the quantities of the several drugs that were entered for consumption during the years 1911–1915, inclusive, will serve to suggest that additional legislation is necessary and also to indicate that Treasury Decision No. 33456, May 23, 1913, was highly efficient as a deterring factor in the importation of coca leaves and of cocaine and that the abrogation of this Treasury decision, following the enactment of the Federal antinarcotic law, appears to have been followed by a distinct rise in the amounts of these drugs imported.

Narcotic drugs—The quantities of the several drugs entered for consumption in the United States during the years 1912–1915.

	1912	1913	1914	1915
Coca leaves.....pounds..	1,179,540.00	1,175,780.00	711,564.00	1,038,212.00
Cocaine and salts of.....ounces..	2,004.00	3,715.00	3,290.50	179.00
Opium:				
Crude.....pounds..	384,911.61	441,276.64	441,621.00	353,006.00
Powdered.....pounds..	77,551.10	49,070.56	32,105.45	38,977.00
Morphine or morphine sulphate.....ounces..	13,825.00	24,797.00	12,891.00	1,383.00
All other alkaloids of opium.....ounces..	634.00	9,672.00	4,507.00	9,626.00

The second table, showing the approximate number of average doses of habit-forming drugs reported during the same period, is interesting in that it serves to emphasize the general uniformity in the amounts of these drugs imported at the present time.

It may be found necessary in the future to further enlarge on the requirements embodied in the Federal antinarcotic law. To the disinterested observer it would appear that the exemptions included in the law are altogether too liberal and that considerable difficulty will be experienced in definitely locating the evidently existing leak of these drugs from the supposedly legitimate trade to the

illegimate peddlers who are largely responsible for the distribution of the several drugs to habitual users.

Narcotic drugs—Approximate number of average doses of habit-forming drugs imported into the United States during the fiscal years 1912, 1913, 1914, and 1915.

	1912	1913	1914	1915
Coca leaves	294,000,000	293,000,000	177,900,000	260,000,000
Cocaine	17,000,000	31,000,000	17,000,000	900,000
Total	311,000,000	324,000,000	194,000,000	260,900,000
Opium	1,740,000,000	2,205,000,000	2,210,000,000	1,770,000,000
Opium, powdered	540,000,000	245,000,000	165,000,000	195,000,000
Morphine	27,500,000	49,500,000	25,785,000	2,700,000
Other alkaloids	1,200,000	19,300,000	9,015,000	19,260,000
Total	2,308,700,000	2,518,800,000	2,409,800,000	1,986,960,000

It has long been recognized that the abuse of coca and opium is largely due to their distribution in an illegitimate way and the difficulties involved in restricting the distribution and sale of these drugs to legitimate channels have been fully recognized.

Among the many features which it has been found desirable to legislate for in connection with State laws none is perhaps more deserving of immediate attention than the recognition of the need for efficient and practical treatment of inebriates. No feature of drug abuse offers more difficulties than are involved in the efforts to provide for efficient and satisfactory treatment of drug addicts.

During the year 1915 the antinarcotic laws were amended in Colorado, Connecticut, Idaho, Illinois, Maine, Massachusetts, Michigan, Minnesota, Missouri, Nebraska, Nevada, New Hampshire, New Jersey, New York, North Dakota, South Dakota, Utah, Vermont, and Wyoming. In many, if not all of these States, the Federal antinarcotic law is recognized either directly or by implication. In Colorado, Connecticut, South Dakota, and New York the Federal order forms are specifically recognized. Colorado also recognizes the rules and regulations issued under the provisions of the Federal antinarcotic law. In Illinois, Michigan, South Dakota, and Idaho prescriptions are not to be refilled. In practically all of the other States either specifically or by inference the exemption clause of of the law is made to apply to prescriptions as well as preparations and remedies. This provision of the State laws is in conflict with the interpretation of the Federal law as outlined in Treasury decision 2213, which if accepted by the courts as valid requires that all prescriptions for narcotic drugs must comply with the requirements outlined in section 2 of the Federal law and can not be renewed.

The laws of Colorado and New York restrict the amount of any of the prescribed drugs that may be dispensed on a prescription without verification. The law in Wyoming requires that when any of the drugs is administered or prescribed in excess of the specified

quantities a report must be made within five days to the secretary of the State board of health. The law of North Dakota restricts the sale of cocaine to distribution or prescription by physicians, dentists, and veterinarians. Prescriptions for heroin, on the other hand, may be written only by a physician duly licensed in North Dakota.

The laws of California, Colorado, Connecticut, Massachusetts, Michigan, New York, Pennsylvania, Vermont, Hawaii, and the Philippine Islands provide for the treatment of inebriates in public institutions or their commitment to State or city hospitals.

In Utah, physicians are required to report the treatment of drug users to the State board of pharmacy within 24 hours after the first treatment. In Nebraska the law forbids the prescribing for addicts unless determined to be necessary by two reputable and duly licensed physicians. A record of the treatment is to be made and a copy sent within five days to be filed with the county attorney. The laws of Colorado, Connecticut, Idaho, Illinois, South Dakota, and Utah provide for the revocation of licenses to practice any of the enumerated professions held by drug addicts or by repeated violators of the antinarcotic law.

The law in New York restricts the sale of hypodermic needles and of hypodermic syringes. An ordinance to the same effect has been adopted by the city of Norfolk, Va. The latter ordinance also requires that duplicate copies of each prescription be filed with the department of health within 24 hours after its issuance.

A recently enacted law of Kansas makes it unlawful for a person under the influence of liquor or any exhilerating drug to drive or have charge of any vehicle propelled by other than muscular power.

California requires that instruction be given in all grades of schools and in all classes on the nature of alcohol and narcotics and the effects on the human system. Teachers are to be specially examined on this subject.

DEMONSTRATIONS OF MALARIA CONTROL.

By R. H. von Ezdorf, Surgeon, United States Public Health Service.

In the course of systematic malarial investigations carried on by the United States Public Health Service during the past three years, a number of towns and cities have been visited by the officers engaged in the work, who made malarial surveys of the localities visited, including Anopheline surveys and the taking of malarial indexes. At most of the places visited the local authorities cooperated and were interested and desirous to profit by the surveys. Among the first places